

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be reimbursement of \$5,806.00 for date of service 04/23/01.
- b. The request was received on 03/26/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. TWCC 62 forms/Medical Audit dated 07/30/01
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: Response is untimely.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/28/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 06/28/02. The response from the insurance carrier was received in the Division on 07/15/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
4. Additional Information submitted by Requestor is reflected as Exhibit III of the commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: No position statement submitted.
2. Respondent: No position statement submitted.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 04/23/01.

2. The explanation of denial listed on the EOB is “**AMA-G-ACCORDING TO THE AAOS GLOBAL SERVICE DATA FOR ORTHOPEDIC SURGERY PUBLICATION, THIS PROCEDURE IS AN INTEGRAL PART OF ANOTHER REIMBURSED PROCEDURE. CODE-F-N THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING ‘ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT’.** THE SERVICES PREFORMED [SIC] ARE NOT REIMBURSABLE AS BILLED. **G-REIMBURSEMENT FOR THIS PROCEDURE IS INCLUDED IN THE BASIC ALLOWANCE OF ANOTHER PROCEDURE.”**
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
04/23/01	63047	\$5,155.00	\$0.00	G	\$3,540.00	CPT descriptor	<p><b>“AMA-G-ACCORDING TO THE AAOS GLOBAL SERVICE DATA FOR ORTHOPEDIC SURGERY PUBLICATION, THIS PROCEDURE IS AN INTEGRAL PART OF ANOTHER REIMBURSED PROCEDURE.”</b></p> <p>According to the MFG Surgery Ground Rules CPT code 63047 reflects the highest MAR value, making it the primary procedure.</p> <p>Currently, the Medical Review Division uses the Physicians’ Current Procedural Terminology, Fourth Edition, Copyright 1994 by the American Medical Association (CPT) in conjunction with GSDOS dated 1994. Therefore, according to the GSDOS dated 1994, CPT code 22830, is not global to 63047.</p> <p>Therefore reimbursement is recommended in the amount of <b>\$3,540.00.</b></p>
04/23/01	63048	\$1,115.00	\$0.00	G	\$708.00	MFG SGR (I)(D)(2) Global Service Data for Orthopaedic Surgery dated 1994 CPT descriptor	<p><b>“AMA-G-ACCORDING TO THE AAOS GLOBAL SERVICE DATA FOR ORTHOPEDIC SURGERY PUBLICATION, THIS PROCEDURE IS AN INTEGRAL PART OF ANOTHER REIMBURSED PROCEDURE.”</b></p> <p>According to the referenced rule, “Procedures that are performed only as additions to other procedures are already reduced accordingly in the fee guideline and shall not be further reduced as per the Multiple Procedure Rule. The following codes shall not be reduced by the Multiple Procedure Rule:”.</p> <p>According to GSDOS, CPT code 63048 is not Global to any other CPT code and will not be reduced.</p> <p>Therefore, reimbursement is recommended in The amount of <b>\$708.00.</b></p>
04/23/01	63048	\$1,115.00	\$0.00	G	\$708.00	MFG SGR (I)(D)(2) Global Service Data for Orthopaedic Surgery dated 1994 CPT descriptor	<p><b>“AMA-G-ACCORDING TO THE AAOS GLOBAL SERVICE DATA FOR ORTHOPEDIC SURGERY PUBLICATION, THIS PROCEDURE IS AN INTEGRAL PART OF ANOTHER REIMBURSED PROCEDURE.”</b></p> <p>According to the referenced rule, “Procedures that are performed only as additions to other procedures are already reduced accordingly in the fee guideline and shall not be further reduced as per the Multiple Procedure Rule. The following codes shall not be reduced by the Multiple Procedure Rule:”.</p> <p>According to GSDOS CPT code 63048 is not Global to any other CPT code and will not be reduced.</p> <p>Therefore, reimbursement is recommended in The amount of <b>\$708.00.</b></p>

04/23/01	22820	\$555.00	\$0.00	F-N	\$425.00	TWCC Rule 133.304(c)	<p><b>“CODE-F-N THE MEDICAL FEE GUIDELINE STATES IN THE IMPORTANCE OF PROPER CODING ‘ACCURATE CODING OF SERVICES RENDERED IS ESSENTIAL FOR PROPER REIMBURSEMENT’. THE SERVICES PERFORMED ARE NOT REIMBURSABLE AS BILLED.”</b></p> <p>The carrier has not explained the reasons for denial according to the rule referenced. ...“A generic statement that simply states a conclusion such as ‘not sufficiently documented’ or other similar phrases with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section.”</p> <p>Therefore reimbursement is recommended in the amount of <b>\$425.00.</b></p>
04/23/01	20999	\$425.00	\$0.00	G	DOP	MFG GI (VIII)(C) SGR (I)(D)(1)(a)(b) Global Service Data for Orthopaedic Surgery dated 1994 CPT descriptor	<p><b>“G-REIMBURSEMENT FOR THIS PROCEDURE IS INCLUDED IN THE BASIC ALLOWANCE OF ANOTHER PROCEDURE.”</b></p> <p>CPT code in dispute is not listed as being global to any other code listed in the GSDOS, or global to any other CPT code listed in this dispute.</p> <p>Therefore, reimbursement is recommended in the amount of <b>\$425.00.</b></p>
<b>Totals</b>		\$8,365.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$5,806.00.</b>

The above Findings and Decision are hereby issued this 19<sup>th</sup> day of February 2003.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

MB/mb

### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$5,806.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 19<sup>th</sup> day of February 2003.

Carolyn Ollar  
Supervisor Medical Dispute Resolution  
Medical Review Division

CO/mb